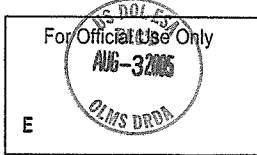


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4374</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Glen</u> <u>D</u> <u>Johnson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2829 Anthony Lane So.</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55418-3269</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Operating Engineers</u> Labor Organization File Number <u>004-588</u> <u>Local 49</u> P.O. Box, Building and Room Number, if any _____ Street <u>2829 Anthony Lane So.</u> City <u>Minneapolis</u> State <u>Minnesota</u> ZIP Code + 4 <u>55418-3269</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7-28-05</u> Date	<u>612-788-9441</u> Telephone Number

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson McShane corporationTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500Street 3001 Metro DriveCity BloomingtonState Minnesota ZIP Code + 4 55425-1412

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers H+W FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500Street 3001 Metro DriveCity BloomingtonState Minnesota ZIP Code + 4 55425-1412

11.a. Nature of such dealing.

Third Party Administrator

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

GOLF Green Fees
August 6th 2004

12.b. Amount.

100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson M'shane CorporationTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500Street 3001 Metro DriveCity BloomingtonState Minnesota ZIP Code + 4 55425-1412

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers H+W FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500Street 3001 Metro DriveCity BloomingtonState Minnesota ZIP Code + 4 55425-1412

11.a. Nature of such dealing.

Third Party Administrator

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Golf Green Fee
July 19th 2004

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Morgan Stanley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 3925 W. 50th ST.

City Edina

State Minnesota ZIP Code + 4 55424-4124

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State Minnesota ZIP Code + 4 55425-1412

11.a. Nature of such dealing.

Money Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Green Fee
July 14th 2004

12.b. Amount.

75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Morgan Stanley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 3925 W. 50th St.

City Edina

State Minnesota

ZIP Code + 4 55424-4124

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers H+W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State Minnesota

ZIP Code + 4 55425-1412

11.a. Nature of such dealing.

Money manager

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Golf Green Fee
May 27th 2004

12.b. Amount.

75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Morgan Stanley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 3925 W. 50th St.

City Edina

State Minnesota ZIP Code + 4 55424-4124

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers H+W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 3001 Metro Drive

City Bloomington

State Minnesota ZIP Code + 4 55425-1412

11.a. Nature of such dealing.

Money Manager

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Golf Green Fee
June 9th, 2004

12.b. Amount.

80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Associated General Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 110

Street 525 Park St.

City ST. PAUL

State Minnesota

ZIP Code + 4 55103-2186

14.a. Nature of payment.

Dinner

February 25th 200413.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

50.00

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jensen, Bell, Converse + Erickson, P.A.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1500 Wells Fargo Place 30 E. 7th St.

City ST. PAUL

State Minnesota

ZIP Code + 4 55101-4914

14.a. Nature of payment.

GOLF - Green Fee's
MAY 14th 200413.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

97.99

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Union Bank + Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 312 Central Ave S.E. Suite 508

City Minneapolis

State Minnesota

ZIP Code + 4 55414-1074

14.a. Nature of payment.

Golf ~ Green Fees
September 30th 200413.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

72.00

Name of Person Filing

Glen D. Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Zenith Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

7645 Metro Boulevard

City

Minneapolis

State

Minnesota

ZIP Code + 4

55439-3060

14.a. Nature of payment.

GOLF - Green Fees
August 20th 2004

13.b. Is the Business an Employer

X

or Consultant

?

14.b. Amount of payment.

100.00